



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 8, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026750

[REDACTED]

Dear [REDACTED]

On March 8, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 31, 2017 eligibility determination notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
PO Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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Decision

Decision Date: May 8, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026750



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine that your spouse did not qualify for health coverage through NYSOH as of December 31, 2017?

Procedural History

On December 30, 2017, you submitted an updated application for financial assistance for your family, including your spouse.

On December 31, 2017, NYSOH issued an eligibility determination notice, based on the December 30, 2017 application, stating that your spouse was not eligible for Medicaid because the household income was over the allowable limit. The notice also stated that your spouse did not qualify for the Essential Plan, advance premium tax credit, or cost sharing reductions, or to purchase a qualified health plan at full cost because verification documents showed that she was not lawfully present.

On January 4, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as your spouse was not eligible to obtain health insurance due to her immigration status.

On April 24, 2018, NYSOH updated your account and an application was resubmitted on your behalf.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

On April 25, 2018, NYSOH issued an eligibility determination notice, based on the updated April 24, 2018 application, stating in part, that your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective June 1, 2018. The notice also stated that your spouse needed to pick a health plan.

Also on April 25, 2018, NYSOH issued an enrollment notice stating in part that your spouse needed to pick a plan now. The notice stated that your spouse's coverage in the Essential Plan would not begin until you picked a plan for her.

Findings of Fact

A review of the record support the following findings of fact:

- 1) According to your NYSOH account and your testimony, you have been eligible for and enrolled in the Essential Plan since May 1, 2016.
- 2) According to your NYSOH account and your testimony, your immigration status is "non-immigrant resident."
- 3) According to your NYSOH account and your testimony, you are in non-immigration class category [REDACTED] which indicates you are an employee of a foreign company and are temporarily working in the United States for this company.
- 4) You testified that you were married on [REDACTED] and your spouse entered the United States on [REDACTED].
- 5) According to your NYSOH account and your testimony, your spouse is a non-immigrant resident, with class category of L2 valid from [REDACTED] to [REDACTED]. Category L2 indicates that she is the spouse of a L1 category non-immigrant resident.
- 6) According to your NYSOH account, on April 24, 2018, NYSOH reviewed the documents you had submitted on March 8, 2018, and validated your spouse's immigration/residency status.
- 7) According to your NYSOH account, on April 24, 2018, NYSOH resubmitted your family's application for financial assistance with health insurance and on April 25, 2018 an eligibility determination notice was issued based on that updated application.
- 8) The record reflects that as of April 24, 2018, your spouse is now eligible for the Essential Plan with a \$20.00 monthly premium, effective June 1, 2018.

- 9) The record reflects that on April 25, 2018, NYSOH issued an enrollment notice stating that you needed to pick a health plan for your spouse and that her coverage in the Essential Plan would not begin until you selected a plan for her.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see *also* 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse did not qualify for health coverage through NYSOH as of December 31, 2017.

On December 30, 2017, you submitted an updated application for financial assistance for your household including your spouse. On December 31, 2017, NYSOH issued an eligibility determination notice stating that your spouse was not eligible for Medicaid because the household income was over the allowable limit. The Notice also stated that your spouse did not qualify for the Essential Plan, advance premium tax credit and cost sharing reductions or to purchase a qualified health plan at full cost because verification documents showed that she was not lawfully present.

You are a non-immigrant resident lawfully present with a L1 class category which indicates that you are an employee of a foreign corporation presently working for that corporation on a temporary basis here in the United States. The record

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reflects that you have been eligible for and enrolled in the Essential Plan through NYSOH since May 1, 2016.

You were married on [REDACTED] and your spouse entered the United States on [REDACTED]. According to your NYSOH account and your testimony, your spouse, is a non-immigrant resident, with class category of L2, valid from [REDACTED] to [REDACTED]. Category L2 indicates that she is the spouse of a L1 category non-immigrant resident.

The telephone hearing regarding your appeal of NYSOH's December 31, 2017 eligibility determination notice stating that your spouse did not qualify for health coverage through NYSOH was held on March 8, 2018.

On April 24, 2018, NYSOH reviewed and validated your spouse's non-immigrant documentation and submitted an updated application for financial assistance for your family on your behalf. On April 25, 2018, NYSOH issued an eligibility determination notice based on the April 24, 2018 updated application, that stated your spouse is now eligible for the Essential Plan with a \$20.00 monthly premium, effective June 1, 2018. On April 25, 2018, NYSOH issued an enrollment notice stating that you needed to pick a health plan for your spouse and that her coverage in the Essential Plan would not begin until you selected a plan for her.

Therefore, since the issue that your spouse did not qualify for health coverage through NYSOH is no longer in contention according to NYSOH and your account, it is not necessary to address the factual merits of your appeal request on this issue. Your spouse is now eligible for the Essential Plan and you need to select a plan so that her coverage can begin effective June 1, 2018.

Decision

The issue of your spouse's eligibility for health coverage through NYSOH is rendered MOOT by the April 25, 2018 eligibility determination notice stating that your spouse was eligible for the Essential Plan, effective June 1, 2018.

Effective Date of this Decision: May 8, 2018

How this Decision Affects Your Eligibility

This decision does not affect any subsequent determinations made by NYSOH after December 31, 2017.

Your spouse is eligible for the Essential Plan, effective June 1, 2018.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

If you have not already done so, you need to contact NYSOH and select an Essential Plan for your spouse, so her coverage can begin.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

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If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
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- By fax: 1-855-900-5557

Summary

The issue of your spouse's eligibility for health coverage through NYSOH is rendered MOOT by the April 25, 2018 eligibility determination stating that your spouse was eligible for the Essential Plan, effective June 1, 2018.

This decision does not affect any subsequent determinations made by NYSOH after December 31, 2017.

Your spouse is eligible for the Essential Plan, effective June 1, 2018.

If you have not already done so, you need to contact NYSOH and select an Essential Plan for your spouse, so her coverage can begin.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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